

**EYE OF THE EAGLE
CENTER FOR SPIRITUAL LIGHT**

SHAMANIC HEALER TRAINING ENROLLMENT FORM

To enroll in The Eye of the Eagle Shamanic Healer Training:

Please print out and complete this form and attach a two page biography and description of yourself and why you wish to study shamanism.

Please print clearly:

NAME

STREET ADDRESS.....

CITY, STATE, ZIP.....

HOME TELEPHONE.....

WORK TELEPHONE.....

E-MAIL ADDRESS.....

OCCUPATION

EMPLOYER

WORK ADDRESS.....

CITY, STATE, ZIP.....

WORK TELEPHONE.....

AGE/DOB.....

MARITAL STATUS

CHILDREN (NAMES AND AGES).....

BRIEFLY DESCRIBE ANY WORKSHOPS YOU HAVE TAKEN OR EXPERIENCE YOU HAVE RELATING TO SHAMANISM.

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\$200 DEPOSIT ENCLOSED:

PLEASE ATTACH: A TWO-PAGE BIOGRAPHY AND DESCRIPTION OF YOUR DESIRE TO STUDY SHAMANISM.

Mail to:

Eye of the Eagle Center for Spiritual Light
122 Chestnut Street
Andover, MA 01810